

# Community Needs Assessment

## Primary Data

Three surveys were conducted to gather information from residents about health services, issues and concerns in the county. Information specific to the issues most frequently identified as a “major problem” in the surveys formed the basis of the county’s “Preliminary List” of priority health problems. After formulating this list, the council gathered and reviewed pertinent statistical data (secondary data) to determine the degree of each problem.

### ❑ Behavior Risk Factor Survey (BRFS)

The BRFS is a randomly selected representative sample of the residents of the county. This is a telephone interview survey modeled after the BRFS conducted by the Centers for Disease Control. The BRFS collects information from adults on health behaviors and preventive practices related to several leading causes of death such as chronic diseases, injury, and HIV infection.

Adults are randomly selected using digit-dialed telephone surveys and are questioned about their personal health practices. In addition they were asked to rate various community health issues. A Likert scale was used with respondents identifying issues as a definite problem, somewhat a problem, not a problem, or not sure.

The Cheatham County BRFS consisted of 200 completed surveys. Of the respondents, 44% were male and 56% female. This compares to an estimated ratio of 50/50 male and female as determined by the Office of Vital Statistics. The overall statistical reliability is a confidence level of 90, + or – 6%. A summary of the Cheatham County BRFS is included as Appendix B.

### ❑ The Community Stakeholder Survey

The stakeholder survey provides a profile of perceived health care needs and problems facing the community and stakeholders who respond to the survey. Stakeholders are those individuals in a community who have a special interest in a particular issue or action being taken. The survey includes questions about the adequacy, accessibility, and level or satisfaction of health care services in the community. Members of the council were asked to complete the stakeholders’ survey as well as distribute the survey to other stakeholders in the community. Approximately one-hundred surveys were distributed and forty-five completed surveys were returned.

The Community Stakeholder Survey is not a scientific random sample of the community; rather, its purpose is to obtain subjective data from a cross section of the community about health care services, problems, and needs in the county. A summary of the Community Stakeholder Survey is included as Appendix C.